

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Southern Scapes Lawn & Landscape Maint. Inc.

BUSINESS STREET ADDRESS: 14241 S.W. 20 St. Davie, FL 33325

BUSINESS MAILING ADDRESS: 4801 S.W. 17 St. Ft. Lauderdale, FL 33317 ZIP 33317

BUSINESS PHONE: (954) 472-2567 ZIP 33325

DESCRIBE TYPE OF BUSINESS: Lawn Maint & Landscaping (OFFICE ONLY)

BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Cornelius J. Rudy II</u>	<u>14241 S.W. 20 St.</u>	<u>Davie 33325</u>	<u>954-931-7342</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home business at this location until I have received the license valid until September 30, 2005, and must be renewed.

of Davie and I may not conduct any business at this location until I have received the license upon issuance, is

This application for home occupancy only, no signs or exterior storage.

mail and telephone use are permitted.

Cornelius J. Rudy II / President
Print Owner or Officers Name and Title

Cornelius J. Rudy II
Signature of Owner or Officer

Office Use Only: Date <u>3/8/05</u> Category <u>OS600</u> Fee Exempt per Sec. 13-13 _____ Fee <u>24.32</u> Rec# _____ New _____ Trans _____		
License # <u>0521522</u>	Control # <u>17026</u>	Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Not</u>	Date <u>3/30/05</u>
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

phone
mail only

50-40-15-01-0295
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